

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 06/15/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/17/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8326	1371	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	1106	DUPLICATE OF CLAIM-SYSTEM	12	5046	24087	19041
		8957	899	CLAIM SHOULD NOT CONTAIN BOTH NPI AND ATTENDING PROVIDER NUMBER. ATTENDING PR				
3404904	WESTERN HIGHLAN DS LME	8326	425	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8534	70	SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, OR THE NPI	0	555	4110	3555
		191	32	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8326	747	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	640	DUPLICATE OF CLAIM-SYSTEM	0	1732	5279	3547
		8800	217	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	893	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1001	6962	5961
		3746	24	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.				
3404913	MECKLENBURG COM ENTAL HEALT	8800	937	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	190	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1538	4408	2870
		8599	186	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIORAL HEAL	8961	962	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		8326	307	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1803	8592	6789
		8800	153	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404917	CENTERPOINT HUM AN SERVICES	8505	3441	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	111	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3704	4107	403
		8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				

PROVIDER		HIGH DENIAL	NUMBER OF	BENEFIT PACKAGE.			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8800	525	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	TAL HEALTHC							
		8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1058	5158	4100
		8537	159	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404920	ALAMANCE CASHEL	8505	265	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L AREA MH D							
		8326	184	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	582	1734	1152
		8534	62	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER, OR THE NPI				
3404921	ORANGE PERSON C	0	0	*** NO DATA TO REPORT ***				
	HATHAM AREA							
		0	0		0	0	0	0
3404922	THE DURHAM CENT	8963	8230	ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				
	ER							
		21	680	DUPLICATE OF CLAIM-SYSTEM	0	9781	10387	606
		8800	651	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	21	2	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	2	217	2
3404925	SANDHILLS CENTE	8800	1246	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	R FOR MH/DD							
		8326	355	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	11	2225	12536	10311
		8599	188	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8961	1415	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
	G MENTAL HL							
		8505	120	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1990	4743	2753
		8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	243	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HC							
		8326	198	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	641	3678	3037
		8599	105	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	565	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8961	5	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	0	576	700	124
		143	2	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404931	WAKE CO HUM SVC BILLING OF	8505	845	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	490	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	48	2948	10346	7398
		8800	458	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	307	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	57	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	365	374	9
		8959	1	REFERRING PROVIDER NPI IS MISS ING. LEGACY REFERRING PROVIDER IS TYPICAL. PLEASE R				
3404934	ONSLow CARTERET BEHAV HEAL	8505	696	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	317	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1553	1842	289
		8800	129	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8505	214	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	146	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	588	2200	1612
		8326	80	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404939	EAST CAROLINA B EHAVIORAL H	8800	343	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	101	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	1	541	4550	4009
		11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8505	2184	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	318	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	3215	6006	2791
		8800	255	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404944	EASTPOINTE HUMAN SERVICES	8326	1813	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
		8961	136	ATTENDING PROVIDER NPI IS MISSING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	0	2035	5154	3119
		8505	47	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404946	FOOTHILLS AREA MENTAL HEALTH	21	90	DUPLICATE OF CLAIM-SYSTEM				
		8536	71	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	563	4011	3448
		8537	66	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404949	PIEDMONT BEHAVIORAL HEALTH	8532	16614	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		8599	1745	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	25781	70653	44872
		191	1493	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				